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ELECTRONICALLY FILED
7-26-13

6 Attorney for Debtor

7 UNITED STATES BANKRUPTCY COURT
8 FOR THE DISTRICT OF NEVADA

9 * * *

10 IN RE:

11 KIMBERLY R. DAVIS-CLEMENT
12 BRICE CLEMENT (deceased)

CASE NO. BK-N 10-50742-GWZ
(Chapter 13)

SUGGESTION OF DEATH

HEARING DATE: N/A

HEARING TIME: N/A

TIME REQUIRED: N/A

13 Debtors.

14 The debtor, KIMBERLY DAVIS-CLEMENT, by and through her
15 attorney, SEAN P. PATTERSON Esq., files the following suggestion of
16 death. Mr. Clement died on June 12, 2013. A copy of the death
17 certificate is attached hereto as Exhibit "A" and incorporated
18 herein by reference.

19 RESPECTFULLY SUBMITTED this 26th day of July, 2013.

20 /s/ SEAN P. PATTERSON, ESQ.
21 SEAN P. PATTERSON, Esq.

CERTIFICATE OF SERVICE

Pursuant to the Federal Rules of Civil Procedure, Rule 5(b), I hereby certify that I am an employee of the law firm of **SEAN P. PATTERSON**, 232 Court Street, Reno, Nevada 89501; and that on this date, I mailed a true and correct copy of the foregoing document via the United States mail, postage prepaid to:

Kimberly R. Davis-Clement
65 Oregon Blvd.
Reno, Nv. 89506

This document was sent by electronic mail to:

William Van Meter
Chapter 13 Trustee

DATED: July 26, 2013

/s/ SEAN P. PATTERSON, ESQ.
SEAN P. PATTERSON, ESQ.

EXHIBIT "A"

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013010266

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED NAME (First Middle Last Suffix) Brice Robert CLEMENT		2a DATE OF DEATH (Mo/Day/Year) June 12, 2013		3a COUNTY OF DEATH Washoe	
	3b CITY, TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION (Name, street, city and state) Renown Regional Medical Center Emergency Room / Outpatient		4 SEX Male	
DECEDENT	5a RACE White		6a Place of Birth (Specify) No - Non-Resident		7a AGE (Last birthday) (Years) 45	
	8a STATE OF BIRTH (If not U.S.A. state county) Oregon		9a CITIZEN OF WHAT COUNTRY United States		10a DATE OF BIRTH (Mo/Day/Year) August 02, 1967	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE HOME	11a SOCIAL SECURITY NUMBER 366-90-0481		12a USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Parts Supervisor		13a KIND OF BUSINESS OR INDUSTRY Construction	
	14a RESIDENCE - STATE Nevada		15a COUNTY Washoe		16a CITY, TOWN OR LOCATION Reno	
PARENTS	17a FATHER/PARENT NAME (First Middle Last Suffix) Robert Walter CLEMENT		18a MOTHER/PARENT NAME (First Middle Last Suffix) Dorothy Fredericka KLINGLER		19a SURVIVING SPOUSE (If ever give maiden name) Kimberly Renee DAVIS	
	20a MOTHER/PARENT NAME (First Middle Last Suffix) Kimberly Renee CLEMENT		21a MAILING ADDRESS (Street or R.F.D. No. City or Town, State Zip) 65 Oregon Blvd. Reno, Nevada 89505		22a DATE OF BIRTH (Mo/Day/Year) August 02, 1967	
DISPOSITION	23a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		24a CEMETERY OR CREMATORIUM NAME Sierra Crematory		25a LOCATION City or Town - State Reno Nevada 89503	
	26a FUNERAL DIRECTOR (Signature of Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		27a FUNERAL DIRECTOR LICENSE 622		28a NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St. Reno, NV 89503	
TRADE CALL	29a TRADE CALL NAME AND ADDRESS					
CERTIFIER	30a To be completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Year) 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31a To be completed by CHURCH'S OFFICE 32a. On the basis of investigation and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 32b. DATE SIGNED (Mo/Day/Year) 32c. HOUR OF DEATH 32d. PREVIOUSLY DEAD (Mo/Day/Year) 32e. PREVIOUSLY DEAD AT (Place)			
	33a NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) Prof Kubiczek M.D. 10 Kirman Ave Reno, NV 89520		34a LICENSE NUMBER 11910			
REGISTRAR	35a REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		36a DATE RECEIVED BY REGISTRAR (Mo/Day/Year) June 24, 2013		37a DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	38a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Penetrating Gunshot Wound of the Head (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF (d) DUE TO OR AS A CONSEQUENCE OF		39a INTERVIEW BETWEEN DEATH AND DEATH 39b INTERVIEW BETWEEN DEATH AND DEATH 39c INTERVIEW BETWEEN DEATH AND DEATH 39d INTERVIEW BETWEEN DEATH AND DEATH			
	38b OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in Part I)		40a AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH HAVE BEEN TO MEDICAL'S CAUSE - STATE THE UNDERLYING CAUSE LAST	41a AIC, SOURCE, HOW, WHEN, OR PLACE OF INJURY (Specify) Suicide		42a DATE OF INJURY (Mo/Day/Year) June 12, 2013		43a HOUR OF INJURY 2003	
	44a INJURY AT WORK (Specify Yes or No) No		45a PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) (Specify) Residence		46a LOCATION STREET OR R.F.D. No. CITY OR TOWN, STATE 65 Oregon Blvd. Reno Nevada	

STATE REGISTRAR

WHS-Rev 07/2002

000121930

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

06/25/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED

This copy not valid unless prepared in original under displaying date and not signature of Registrar.

